

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155042		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 11/09/2012	
NAME OF PROVIDER OR SUPPLIER  WILLOW MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 3801 OLD BRUCEVILLE RD BOX 136 VINCENNES, IN 47591			
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K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 11/09/12</p> <p>Facility Number: 000016 Provider Number: 155042 AIM Number: 100291500</p> <p>Surveyor: Dennis Austill, Life Safety Code Survey Supervisor</p> <p>At this Quality Assurance Walk-thru survey, Willow Manor was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility was determined to be of Type V (000) construction and fully sprinklered except for where noted in K-9999. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in 108 resident rooms. The facility has a capacity of 170 and had a census of 134 at the time of this visit.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage and in compliance in regard to smoke detector coverage.</p>		K0000	<p>Willow Life Safety POC 2012</p> <p>By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective December 8, 2012 to the Life Safety Code Recertification Survey conducted on November 9, 2012</p> <p><b>K0000</b> <b>It is the practice of Willow Manor to assure that the regulations related to sprinkler coverage is in compliance.</b> <b><i>The correction action taken for those residents found to be affected by the deficient practice include:</i></b> There are no specific residents identified. Please see under systems implemented to assure compliance with this tag. <b><i>Other residents that have the potential to be affected have been identified by:</i></b> Potentially all residents could be effected. Please refer to systems implemented to assure compliance</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>All areas where the residents have customary access were not sprinklered as noted in K-9999. All areas providing facility services were sprinklered, except three detached exterior buildings and where noted in K-9999. One building was an enclosed metal carport used for storage of landscaping equipment, a wood minibarn used for storage of biohazardous waste and a wood shed used as an employee smoking area.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/13/12.</p>				<p>with this tag.</p> <p><b>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</b></p> <p>The awnings identified at the main entrance, D-Hall entrance, and the F-Hall entrance has been removed. The C/D hall medication room has had a sprinkler installed to assure full coverage of the room. The beauty shop closet has had a sprinkler installed. The detached smoking area has been closed with no smoking allowed in the building until a sprinkler is installed.</p> <p><b>The corrective action taken to monitor performance to assure compliance through quality assurance is:</b></p> <p>Proper sprinkling of the building will be monitored as part of the preventive maintenance review at the quarterly QA meetings. The Maintenance Director, or designee, will be responsible for assuring that sprinklers are in place and functioning properly in the required areas. Any identified issues will be immediately addressed. The Administrator, or designee, will review the preventive maintenance documentation quarterly for compliance with recommendations as needed.</p> <p><b>The date the systemic changes will be completed:</b></p> <p>December 8, 2012</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide sprinkler coverage throughout the facility before July 1, 2012. This deficient practices could affect any occupant of the facility.</p> <p>Findings include:</p> <p>Based on observation with the</p>		K9999	<p>K9999</p> <p><b>It is the practice of Willow Manor to assure that the regulations related to sprinkler coverage is in compliance.</b></p> <p><b><i>The correction action taken for those residents found to be affected by the deficient practice include:</i></b></p> <p>There are no specific residents identified. Please see under systems implemented to assure compliance with this tag.</p> <p><b><i>Other residents that have the potential to be affected have been identified by:</i></b></p> <p>Potentially all residents could be effected. Please refer to systems implemented to assure compliance with this tag.</p> <p><b><i>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</i></b></p> <p>The awnings identified at the main entrance, D-Hall entrance, and the F-Hall entrance has been removed. The C/D hall medication room has had a sprinkler installed to assure full coverage of the room.</p> <p>The beauty shop closet has had a sprinkler installed.</p> <p>The detached smoking area has been closed with no smoking allowed in the building until a sprinkler is installed.</p> <p><b><i>The corrective action taken to monitor performance to assure</i></b></p>		12/08/2012	

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	<p>Maintenance Supervisor on 11/09/12 between 12:00 p.m. and 2:00 p.m., the following was noted:</p> <p>a. The main entrance, D hall and F hall entrances were covered with fabric awnings exceeding four feet in width that were attached to the building and lacked sprinkler coverage. Based on interview during the time of observation, the Maintenance Supervisor acknowledged the facility lacked documentation indicating the fabric material was inherently flame retardant.</p> <p>b. The beauty shop closet and the C &amp; D Hall Medication room lacked complete sprinkler coverage. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the beauty shop closet lacked a sprinkler head and the C &amp; D Hall Medication room had one sprinkler head that would not provide complete coverage for the room.</p> <p>c. The resident smoking shack, a separate, detached building of Type V (000) construction, lacked sprinkler protection. Based on interview at the time of observation, the Maintenance Supervisor acknowledged there are residents who smoke and use the nonsprinklered smoking building.</p> <p>3.1-19(b) 3.1-19(ff)</p>				<p><b>compliance through quality assurance is:</b></p> <p>Proper sprinkling of the building will be monitored as part of the preventive maintenance review at the quarterly QA meetings. The Maintenance Director, or designee, will be responsible for assuring that sprinklers are in place and functioning properly in the required areas. Any identified issues will be immediately addressed. The Administrator, or designee, will review the preventive maintenance documentation quarterly for compliance with recommendations as needed.</p> <p><b>The date the systemic changes will be completed:</b> December 8, 2012</p>		

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